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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

2004 JAN 13 PM 3:47

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 9</p>				
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI <i>MR</i> <i>Lawrence</i> <i>G</i> <small>NICKNAME LAST SUFFIX</small> <i>Romo</i></p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed	Date Imaged
Receipt #	Amount						
Date Processed	Date Imaged						
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2906 WoodKnoll</i> <i>SAN ANTONIO, TX 78251</i></p>						
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <i>(210) 219-1905</i></p>						
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI <i>MR</i> <i>Johnny</i> <i></i> <small>NICKNAME LAST SUFFIX</small> <i>Rexes</i> <i>Jr.</i></p>						
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7585 Ingram Rd # 308, SAN ANTONIO, TX 78251</i></p>						
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <i>(210) 681-0080</i></p>						
<p>9 REPORT TYPE</p>	<p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>						
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year <i>07 / 01 / 03</i> <i>12 / 31 / 03</i></p>						
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year <i>05 / 07 / 05</i></p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>					
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) <i>City Council, District 6</i></p>					
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages</p>	<p>•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

CITY OF SAN ANTONIO
CLERK
2004 JAN 13 PM 3:47

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Lawrence G. Romo

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2,175

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

540.53

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

1,734.50

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP

Sworn to and subscribed before me, by the said Lawrence G. Romo, this the 13th day of January, 20 04, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Melinda S. Lopez

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <i>1/4</i>	
2 FILER NAME <i>LAWRENCE G. ROMO</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>26 Aug 03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CLaus Heide</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3126 MANILA DR SAN ANTONIO, TX 78217</i>			
9 Principal occupation \ Job title (See Instructions) <i>Vice - President</i>		10 Employer (See Instructions) <i>DEAN Steel Company</i>	
Date <i>30 Sep 03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ben Buecker</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2201 Tower Life Bldg, 3025. S MARY'S ST SAN ANTONIO, TX 78205</i>			
Principal occupation \ Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>30 Sep 03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bill HARMON JR.</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable) <i>Computer Handwared Software</i>
Contributor address; City; State; Zip Code <i>411 Lightsey AUSTIN, TX 78704</i>			
Principal occupation \ Job title (See Instructions) <i>Pool Maintenance Technician</i>		Employer (See Instructions) <i>Pool Aide Company (Austin)</i>	
Date <i>25 Oct 03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DR WILLIAM HARMON SR.</i>	Amount of contribution (\$) <i>\$175.00</i>	In-kind contribution description (if applicable) <i>Scanner & Printer</i>
Contributor address; City; State; Zip Code <i>7811 BRAUN CIRCLE SAN ANTONIO, TX 78250</i>			
Principal occupation \ Job title (See Instructions) <i>PRINCIPAL</i>		Employer (See Instructions) <i>McNair School</i>	
Date <i>21 Nov 03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DR Tom Weiss</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4004 Shady OAK SAN ANTONIO, TX 78229</i>			
Principal occupation \ Job title (See Instructions) <i>Medical</i>		Employer (See Instructions) <i>Self</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 2/4	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 26 Nov 03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Belisario Flores	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1 Towers Park Lane # 803 San Antonio, TX 78209			
9 Principal occupation \ Job title (See Instructions) Retired Military		10 Employer (See Instructions)	
Date 28 Nov 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Carlson	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 563 Elizabeth San Antonio, TX 78209			
Principal occupation \ Job title (See Instructions) BANK OFFICER		Employer (See Instructions) BROADWAY BANK	
Date 28 Nov 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN POZZA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19107 Autumn Garden San Antonio, TX 78258			
Principal occupation \ Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 1 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Neil & Phyllis Bowie	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5600 Vance Jackson San Antonio, TX 78230			
Principal occupation \ Job title (See Instructions) Retired		Employer (See Instructions)	
Date 2 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Calvin Allen	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7 Bowood Ct San Antonio, TX 78228			
Principal occupation \ Job title (See Instructions) Airline Pilot & USAFR Retired		Employer (See Instructions) American Airlines	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3/4	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8 Dec 03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Archibald	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11714 Abby Way SAN ANTONIO, TX 78253			
9 Principal occupation \ Job title (See Instructions) Retired Military		10 Employer (See Instructions)	
Date 10 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody Wilson	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 TRAVIS, Suite 618 SAN ANTONIO, TX 78205			
Principal occupation \ Job title (See Instructions) Attorney		Employer (See Instructions) Gale, Wilson & Sanchez	
Date 11 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM DOMINGUEZ	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4222 Hall Park Dr SAN ANTONIO, TX 78218			
Principal occupation \ Job title (See Instructions) Retired Military		Employer (See Instructions)	
Date 11 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Cuitlahuac & Elizabeth Garcia	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4503 Pecan Grove Dr SAN ANTONIO, TX 78222			
Principal occupation \ Job title (See Instructions) Retired		Employer (See Instructions)	
Date 13 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard & Carolyn Smith	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8502 Fairway Bend Fair Oaks Ranch, TX 78015			
Principal occupation \ Job title (See Instructions) Retired Military		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

2004 JAN 13 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 4/4	
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 15 Dec 03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick Romo 6 Contributor address; City; State; Zip Code 14122 Churchill Estates #103A SAN ANTONIO, TX 78248	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions) Appraiser Supervisor		10 Employer (See Instructions) State of Texas	
Date 22 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pedro Cardenas Contributor address; City; State; Zip Code 210 Halbart SAN ANTONIO, TX 78213	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) Retired		Employer (See Instructions)	
Date 22 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lou Villagomez Contributor address; City; State; Zip Code 5029 Bromley Dr Corpus Christi, TX 78148	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) Dep Police Chief & USAFRAC		Employer (See Instructions) City of Corpus Christi	
Date 31 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Daniels Contributor address; City; State; Zip Code 626 Larkwood SAN ANTONIO, TX 78209	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) Limo Service		Employer (See Instructions) Self	
Date 31 Dec 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Terrazas Contributor address; City; State; Zip Code 1222 N. Main St, Suite 804 SAN ANTONIO, TX 78212	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) President		Employer (See Instructions) Tenra Health	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/2
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)
4 Date 7 Jul 03	5 Payee name San Antonio AFL-CIO 6 Payee address; City; State; Zip Code 311 S. St Mary's St, #15 FL, ste. E SAN ANTONIO, TX 78205	7 Amount (\$) \$ 185.00
8 Purpose of payment (See instructions regarding type of information required.) 2003-2004 AFL-CIO Labor Council Directory Ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 25 Aug 03	Payee name SAN ANTONIO AFL-CIO Payee address; City; State; Zip Code 311 S. St Mary's St, #15 FL, ste. E SAN ANTONIO, TX 78205	Amount (\$) \$ 30.00
Purpose of payment (See instructions regarding type of information required.) AFL-CIO Labor Day Reception Ticket		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 29 Sep 03	Payee name Bexar County Elections Division Payee address; City; State; Zip Code 203 W. Nueva SAN ANTONIO, TX 78207	Amount (\$) \$ 25.00
Purpose of payment (See instructions regarding type of information required.) (Deposit) Past District 6 Election Data		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 21 Oct 03	Payee name BEXAR COUNTY ELECTIONS DIVISION Payee address; City; State; Zip Code 203 W. Nueva SAN ANTONIO, TX 78207	Amount (\$) \$ 114.55
Purpose of payment (See instructions regarding type of information required.) Past District 6 Election Data		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>2/2</i>
2 FILER NAME <i>Lawrence G. Romo</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>26 Oct 03</i>	5 Payee name <i>OFFICE MAX</i>	7 Amount (\$) <i>\$145.60</i>
6 Payee address; City; State; Zip Code <i>5830 BANDERA Rd SAN ANTONIO, TX 78238</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Computer desk & chair & power strip</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME LAWRENCE G. ROMO 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1 NOV 03</u>	5 Payee name <u>FAMILY DOLLAR STORE</u> 6 Payee address; City; State; Zip Code <u>8333 CULBERTSON RD SAN ANTONIO TX 78251</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>ENVELOPES</u>	8 Amount (\$) <u>\$10.78</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <u>9 NOV 03</u>	Payee name <u>USPS</u> Payee address; City; State; Zip Code <u>702 RICHLAND HILLS SAN ANTONIO TX 78245</u> Purpose of expenditure (See instructions regarding type of information required.) <u>FIRST CLASS STAMPS</u>	Amount (\$) <u>\$14.80</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <u>26 DEC 03</u>	Payee name <u>USPS</u> Payee address; City; State; Zip Code <u>702 RICHLAND HILLS SAN ANTONIO TX 78245</u> Purpose of expenditure (See instructions regarding type of information required.) <u>FIRST CLASS STAMPS</u>	Amount (\$) <u>\$14.80</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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